								/ ′	Application of Docket Number				
	PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10	738	916	
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN R SMALL ENTITY		
15	OTAL CLAIM	S	1 . 0	26] r	RATE	FEE	٦	RATE	FEE	
-	. OR	NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEI	 		BASIC FEI			
-	OTAL CHARGE	+			TONIBETT CANTON			000.00		ļ	1.70.00		
-		100	inus 20=	* /	\rightarrow		X\$ 9=	45	OR	X\$18=			
II	DEPENDENT (ــــــــــــــــــــــــــــــــــــــ	2 minus 3 =				X43=		OR	X86=			
L	ULTIPLE DEPE	ENDENT CLAIM F	PRESENT	RESENT				+145=		OR	+290=		
* !	f the differenc	e in column 1.is	less than z	less than zero, enter "0" in column 2				TOTAL	43 n	OR	TOTAL	 	
	CLAIMS AS AMENDED - PART II								س د		OTHER	THAN	
	· · ·	(Column 1)	(Column 2) (Column 3				SMALL		OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS , REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	, ADDI- TIONAI FEE	
	Total	*	Minus	4.5	•	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+145=		1	+290=		
							L	TOTAL		OR	TOTAL		
	(Column 1) (Column 2) (Column 3)							OOIT. FEE		וטת .	ADDIT. FEE	L	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	-	OR	X\$18=		
	Independent	*	Minus .	***		=		X43=		OR	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
					-			+145= TOTAL		OR	+290= TOTAL	· · · · · ·	
								DIT. FEE L		OR A	ADDIT. FEE		
	·	(Column 1) CLAIMS		(Columi		(Column 3)	r	_ · · · · · · · · · · · · · · · · · · ·		r	· · · · · · · · · · · · · · · · · · ·		
ENTO		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA	F		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
Σ	Total	TET 100 - 10	Minus		,	· <u>·</u> ··································	1.5	(\$ 9 =		OR	*X\$18=		
AMENDMENT	Independent	* '	Minus	4.6.* -		2		<43=		-	X86=		
∢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
	ha anti- 1	4 (a) N		- a 0	الممان	ıma 3	<u>_</u> +	145=		DR	+290=		
 (€	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL DOIT. FEE		
Th	ne Highest Numb	nber Previously Paid per Previously Paid	For (Total or	Independent	is the h	ighest number	lound i	n the appro	priate box	in colun	rin 1.		